Rate Floor Data

| | | | TOTAL TOTAL | LOTION - OW | - Common N | umber 3060-0986 |
|---------|---|---|--|---|-------------------|---|
| Block 1 | l - Contact Infor | mation . | ts | | | |
| ROW# | | DATA ELEMENT | | FORMAT OF REQUESTED DATA | RESPONSE | |
| 1 | Carrier Study Area Code | | 6 numeric digits | 330950 | | |
| 2 | Carrier Study Area Name | | alpha characters | CenturyTel-NW WI | | |
| 3 | Service Provider Identification Number | | | 9 numeric digits | 143025535 | |
| 4 | Residential Local Service Charge Effective Date | | | mm/dd/yyyy | 6/1/2014 | |
| 5 | Contact Name | | | alpha characters | Ken Buchan | |
| 6 | Contact Telephone Number (include area code) | | | 9 numeric digits | (318) 362-1538 | |
| 7 | Sheet number | | | numeric digit(s) | 1 | |
| 8 | | Total Number of Sheets | | | 1 | |
| | Column 1 Residential Local Service Charge | Column 2 State Subscriber Line Charge | 2 - Residential L Column 3 State Universal Service Fee | Column 4 Mandatory Extended Area Service Charge | Column 5 Loops | ine Counts |
| 9 | \$ 16,40 | NA | \$ 0.03 | NA | - A | |
| 10 | \$ 18.15 | NA NA | \$ 0.03 | NA | | |
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

| Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data | | | | | | | | | |
|---|--------------------|---|----------|--|--|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate. | | | | | | | | | |
| Name of Reporting Carrier: CenturyTel of Northwest Wisconsin, LLC d/b/a CenturyLink | | | | | | | | | |
| Signature of authorized officer: | | | | | | | | | |
| Printed name of authorized officer: David D. C | Cole | | . , | | | | | | |
| Title or position of authorized officer: Executive Vice President of Operations Support and Controller | | | | | | | | | |
| Telephone number of authorized officer: (318 |) 388 - 9000, ext. | 12 100 112 11 | | | | | | | |
| Study Area Code of Reporting Carrier | # 2 m 2 m | Filing Due Date for this form (mm/dd/yyyy) | 7/1/2014 | | | | | | |
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